SIR, We thank Dr Friedman and Dr Miller for their remarks regarding the observed 6% of long-term loss of sensibility of the lip after taking a labial biopsy for diagnostic purposes in our study [1]. According to their letter, they did not observe any long-term sensory loss after taking a labial biopsy using the technique described in their article [2]. Their technique for taking a labial biopsy consisted of an office-based method of taking labial gland biopsies applying a very small incision that even did not need suturing in all cases. Although Friedman and Miller stated in their letter that they had not observed permanent sensory loss in their study sample (118 patients), they reported two cases of long-term numbness in their paper (2%) [2]. Moreover, their paper does not provide a description of how the sensory function was evaluated. Such information is essential as judgment by an independent researcher, being not the surgeon who took the biopsies, will provide an unbiased outcome in this respect. Therefore, we feel that our data are more reliable in this respect than figures provided after judgment by the physician who performed the biopsy. Furthermore, the sensory losses of 2 or 6% as reported in their and our paper, respectively, are both on the lower end of sensory loss after labial biopsies as reported in the literature [1]. Moreover, it is unrealistic that in larger labial biopsy series no cases of permanent numbness will occur. In their anatomical study Alsaad et al. [3] revealed that there is no safe anatomical space for minor surgical procedures in the lower lip to avoid cutaneous numbness.

Finally, we do not understand what is meant by a diagnostic sensitivity of 100% as mentioned in their reply. Such a diagnostic sensitivity of labial biopsies, for example, Sjögren’s syndrome is unrealistic and not supported by the data reported in their study. Friedman and Miller [2] reported in their study that the labial biopsies of 66% (and not 100%) of the patients referred for diagnostic evaluation of the clinical diagnosis of Sjögren’s syndrome were positive. It is, however, hard to interpret their data as there is no mention in their paper which diagnostic criteria for Sjögren’s syndrome they have used. It even might have been that they diagnosed Sjögren’s syndrome only on the basis of the labial biopsy.

The authors have declared no conflicts of interest.

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